

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/365995*

FILING DATE

*13 MAY 2006*

CLAIMS

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        |      |                                    |      |                                    |      |
| 2            |          | /    |                                    |      |                                    |      |
| 3            |          | /    |                                    |      |                                    |      |
| 4            |          | /    |                                    |      |                                    |      |
| 5            |          | /    |                                    |      |                                    |      |
| 6            |          | /    |                                    |      |                                    |      |
| 7            |          | /    |                                    |      |                                    |      |
| 8            |          | /    |                                    |      |                                    |      |
| 9            |          |      |                                    |      |                                    |      |
| 10           |          |      |                                    |      |                                    |      |
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| 26           |          |      |                                    |      |                                    |      |
| 27           |          |      |                                    |      |                                    |      |
| 28           |          |      |                                    |      |                                    |      |
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| 30           |          |      |                                    |      |                                    |      |
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| 32           |          |      |                                    |      |                                    |      |
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| 36           |          |      |                                    |      |                                    |      |
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| 40           |          |      |                                    |      |                                    |      |
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| 42           |          |      |                                    |      |                                    |      |
| 43           |          |      |                                    |      |                                    |      |
| 44           |          |      |                                    |      |                                    |      |
| 45           |          |      |                                    |      |                                    |      |
| 46           |          |      |                                    |      |                                    |      |
| 47           |          |      |                                    |      |                                    |      |
| 48           |          |      |                                    |      |                                    |      |
| 49           |          |      |                                    |      |                                    |      |
| 50           |          |      |                                    |      |                                    |      |
| TOTAL IND.   | /        |      | ↓                                  |      | ↓                                  | ↓    |
| TOTAL DEP.   | /        | ←    |                                    | ←    | ←                                  |      |
| TOTAL CLAIMS | 8        |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
| 52           |          |      |                                    |      |                                    |      |
| 53           |          |      |                                    |      |                                    |      |
| 54           |          |      |                                    |      |                                    |      |
| 55           |          |      |                                    |      |                                    |      |
| 56           |          |      |                                    |      |                                    |      |
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| 62           |          |      |                                    |      |                                    |      |
| 63           |          |      |                                    |      |                                    |      |
| 64           |          |      |                                    |      |                                    |      |
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| 73           |          |      |                                    |      |                                    |      |
| 74           |          |      |                                    |      |                                    |      |
| 75           |          |      |                                    |      |                                    |      |
| 76           |          |      |                                    |      |                                    |      |
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| 79           |          |      |                                    |      |                                    |      |
| 80           |          |      |                                    |      |                                    |      |
| 81           |          |      |                                    |      |                                    |      |
| 82           |          |      |                                    |      |                                    |      |
| 83           |          |      |                                    |      |                                    |      |
| 84           |          |      |                                    |      |                                    |      |
| 85           |          |      |                                    |      |                                    |      |
| 86           |          |      |                                    |      |                                    |      |
| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
| 94           |          |      |                                    |      |                                    |      |
| 95           |          |      |                                    |      |                                    |      |
| 96           |          |      |                                    |      |                                    |      |
| 97           |          |      |                                    |      |                                    |      |
| 98           |          |      |                                    |      |                                    |      |
| 99           |          |      |                                    |      |                                    |      |
| 100          |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          |      | ↓                                  |      | ↓                                  | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    | ←                                  |      |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |